

## General

### Title

Mental health utilization: number and percentage of members receiving the following mental health services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or ED.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure assesses the number and percentage of members receiving the following mental health services during the measurement year:

- Any service
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or emergency department (ED)

## Rationale

It is estimated that 22.1 percent of American adults suffer from a diagnosable mental disorder. Federal legislation defines serious mental illness as "a mental disorder that substantially interferes with one's life activities and ability to function." Given this definition, it is estimated that 5.4 percent of the adult population in the United States (U.S.) is affected by serious mental illness each year (U.S. Public Health Service, 1999). Approximately half of those receive some form of treatment. Overall, 15 percent of adults and 21 percent of children ages 9 to 17 receive mental health services in any one year (Wang, Demler, & Kessler, 2002), though very few of those treated receive adequate treatment.

## Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

U.S. Public Health Service. Mental health: a report of the surgeon general. 1999.

Wang PS, Demler O, Kessler RC. Adequacy of treatment for serious mental illness in the United States. *Am J Public Health*. 2002 Jan;92(1):92-8. [PubMed](#)

## Primary Health Components

Mental health services; inpatient; intensive outpatient; partial hospitalization; outpatient; emergency department (ED)

## Denominator Description

For commercial, Medicaid, and Medicare product lines, all member months during the measurement year for members with the mental health benefit, stratified by age and sex (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) mental health services (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Additional Information Supporting Need for the Measure

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Behavioral Health Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

Rehabilitation Centers

Residential Care Facilities

### Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

All ages

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

## National Quality Strategy Priority

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Not within an IOM Care Need

### IOM Domain

Not within an IOM Domain

## Data Collection for the Measure

## Case Finding Period

The measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

For commercial, Medicaid, and Medicare product lines, all member months during the measurement year for members with the mental health benefit, stratified by age and sex. Refer to *Specific Instructions for Utilization Tables* in the original measure documentation for more information.

Note: Because some organizations may offer different benefits for inpatient and outpatient mental health services, denominators in the columns of the member months table may vary. Include all members with any mental health benefit in the denominator in the *Any Service* column.

### Exclusions

Unspecified

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) mental health services. Count members only once in each column, regardless of number of visits.

*Inpatient:* Include acute and nonacute inpatient discharges from either a hospital or a treatment facility with a mental health principal diagnosis (Mental Health Diagnosis Value Set). To identify acute and nonacute inpatient discharges:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

- Identify the discharge date for the stay

*Intensive Outpatient and Partial Hospitalization:* Report intensive outpatient and partial hospitalization claims/encounters in conjunction with a principal mental health diagnosis. Count services provided by physicians and nonphysician practitioners. Any of the following code combinations meet criteria:

- MPT Stand Alone IOP/PH Value Set *with* a principal mental health diagnosis (Mental Health Diagnosis Value Set)

- MPT IOP/PH Group 1 Value Set *with* POS 52 Value Set *and* a principal mental health diagnosis (Mental Health Diagnosis Value Set)

- MPT IOP/PH Group 1 Value Set *with* POS 53 Value Set *and* a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (POS 53 is not specific to setting).

- MPT IOP/PH Group 2 Value Set *with* POS 52 Value Set *and* a principal mental health diagnosis

(Mental Health Diagnosis Value Set) billed by a mental health practitioner  
MPT IOP/PH Group 2 Value Set *with* POS 53 Value Set *and* a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (POS 53 is not specific to setting) *and* billed by a mental health practitioner.

*Outpatient and ED:* Report outpatient and ED claims/encounters in conjunction with a principal mental health diagnosis. Count services provided by physicians and nonphysicians. Only include observation stays and ED visits that do not result in an inpatient stay. Any of the following code combinations meet criteria:

MPT Stand Alone Outpatient Group 1 Value Set *with* a principal mental health diagnosis (Mental Health Diagnosis Value Set)

Observation Value Set *with* a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health practitioner

ED Value Set *with* a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health practitioner

MPT Outpatient/ED Value Set *with* MPT Outpatient/ED POS Value Set *and* a principal mental health diagnosis (Mental Health Diagnosis Value Set)

MPT Outpatient/ED Value Set *with* POS 53 Value Set *and* a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an outpatient or ED setting (POS 53 is not specific to setting).

MPT Stand Alone Outpatient Group 2 Value Set *with* a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health practitioner.

Note:

Count members in the *Any Service* column only if they had at least one inpatient, intensive outpatient, partial hospitalization, outpatient or ED claim/encounter during the measurement year.  
*For members who had more than one encounter, count only the first visit in the measurement year and report the member in the respective age category as of the date of service or discharge.*

Exclusions

*Intensive Outpatient and Partial Hospitalization:* Exclude services determined *inpatient* based on type of bill, place of service, or location of service codes.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

Ratio

## Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial-by product or combined HMO/POS, total Medicaid, Medicaid/Medicare dual-eligibles, Medicaid-disabled, Medicaid-other low income, and Medicare product lines.

Measure results are stratified by age and sex.

## Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Mental health utilization (MPT).

## Measure Collection Name

HEDIS 2016: Health Plan Collection

## Measure Set Name

Utilization and Risk Adjusted Utilization

## Measure Subset Name

Utilization

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:



National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on February 8, 2010 and on June 8, 2011.

This NQMC summary was retrofitted into the new template on July 4, 2011.

This NQMC summary was updated by ECRI Institute on October 5, 2012, August 5, 2013, March 3, 2014, April 10, 2015, and again on March 29, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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